```
S19         404   RD S16  (unique items)
S20           8   S17 NOT PY>2002
S21         156   S18 NOT PY>2002
S22         383   S19 NOT PY>2002
S23           2   S1 AND S4 AND S5
S24       46527   (NEWCASTLE(W)DISEASE(W)VIRUS) OR (NEWCASTLE(S)DISEASE) OR NDV
S25          74   S4 AND S2 AND S3 AND S24
S26          23   S25 NOT PY>2002
S27          11   RD  (unique items)
S28           3   S27 NOT S20
```

August 30, 2006

```
Set      Items   Description
S1           6   AU=LORENCE R
S2       45960   (NEWCASTLE(W)DISEASE(W)VIRUS) OR NDV OR (NEWCASTLE(W)DISEASE)
S3         145   ((5(W)HYDROXYINDOLE(W)ACETIC(W)ACID) OR 5HIAA) (5N) URINE
S4         574   (CARCINOID(W)SYNDROME) (4N) (DECREAS? OR LOW? OR REDUC? OR
CONTROL? OR TREAT?)
S5        6415   OCTREOTIDE (4N) (DECREAS? OR LOW? OR REDUC? OR CONTROL? OR
TREAT?)
S6       46312   (DIARRHEA OR FLUSHING OR FATIGUE) (4N) (DECREAS? OR LOW? OR
REDUC? OR CONTROL? OR TREAT?)
S7           0   S1 AND S2 AND S3
S8           0   S1 AND S2 AND S4
S9           0   S1 AND S2 AND S6
S10          0   S2 AND S3
S11          0   S2 AND S4
S12          0   S2 AND S4 AND S6
S13          0   S2 AND S5 AND S6
S14          0   S2 AND S5 AND S4
S15          0   S2 AND S5
S16          2   S2 AND S6
S17     411905   S2 AND (CARCINOID(W)SYNDROME) OR DIARRHEA OR FLUSHING OR
FATIGUE
S18          0   S2 AND (CARCINOID(W)SYNDROME)
S19     209101   S2 AND DIARRHEA OR FLUSHING OR FATIGUE
```

September 1, 2006

```
Set      Items   Description
S1         145   ((5(W)HYDROXYINDOLE(W)ACETIC(W)ACID) OR 5HIAA) (5N) URINE
S2         574   (CARCINOID(W)SYNDROME) (4N) (DECREAS? OR LOW? OR REDUC? OR
CONTROL? OR TREAT?)
S3         772   OCTREOTIDE (4N) (DECREAS? OR LOW? OR REDUC? OR CONTROL? OR
TREAT?) (4N) (CANCER? OR NEOPLASM? OR TUMOR?)
S4        1907   (DIARRHEA OR FLUSHING OR FATIGUE) (4N) (DECREAS? OR LOW? OR
REDUC? OR CONTROL? OR TREAT?) (4N) (CANCER? OR NEOPLASM? OR TUMOR?)
S5          30   S1 AND (CANCER? OR NEOPLASM? OR TUMOR?) AND (DECREAS? OR LOW?
OR REDUC? OR CONTROL? OR TREAT?)
S6         396   S2 AND (CANCER? OR NEOPLASM? OR TUMOR?)
```

```
S7          15    S3 AND S4
S8           6    RD  (unique items)
S9          28    OCTREOTIDE (4N) (DECREAS? OR LOW? OR REDUC?) (2N) (AMOUNT? OR
DOSE?) (3N) (CANCER? OR NEOPLASM? OR TUMOR?)
S10     412072    (DIARRHEA OR FLUSHING OR FATIGUE)
S11     531033    (DECREAS? OR LOW? OR REDUC? OR CONTROL? OR TREAT?) (2N)
(CANCER? OR NEOPLASM? OR TUMOR?)
S12         16    RD S9  (unique items)
S13         0   S9 AND S10 AND S11
```

9/15/06 search

Set	Items	Description
S1	5887	CARCINOID(W)SYNDROME
S2	6842176	TREAT OR TREATMENT
S3	1727	S1 AND S2
S4	6724554	CARCINOID(W)SYNDROME (N3) TREAT OR TREATMENT
S5	6724554	CARCINOID(W)SYNDROME (3N) TREAT OR TREATMENT
S6	318	CARCINOID(W)SYNDROME (3N) (TREAT OR TREATMENT)
S7	8	CARCINOID(W)SYNDROME (3N) (TREAT OR TREATMENT) (3N) SURGERY
S8	5	RD S7 (unique items)
S9	1	CARCINOID(W)SYNDROME (3N) (TREAT OR TREATMENT) (3N) (CHEMOTHERAPY OR SHRINK)
S10	1	CARCINOID(W)SYNDROME (3N) (TREAT OR TREATMENT OR REDUCE) (3N) CHEMOTHERAPY
S11	55171	(TREAT OR TREATMENT OR REDUCE) (3N) TUMOR
S12	117	S1 AND S11
S13	72	RD (unique items)
S14	1647334	13 NOT PY>2002
S15	55	S13 NOT PY>2002

Display 15/3,AB/4 (Item 4 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

13061625 PMID: 11120628

Radiofrequency ablation treatment of refractory carcinoid hepatic metastases.

Wessels F J; Schell S R

Department of Surgery, University of Florida College of Medicine, Gainesville, Florida, 32610-0286, USA. schelsr@mail.surgery.ufl.edu

Journal of surgical research (UNITED STATES) Jan 2001, 95 (1) p8-12, ISSN 0022-4804--Print Journal Code: 0376340

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: Our institution has experienced excellent success using hepatic artery embolization for treating symptoms and slowing tumor progression for patients with unresectable hepatic metastases for carcinoid tumors. Our previous treatment strategies used hepatic artery embolization alone, examining control of symptoms and dependence on octreotide therapy. However, some patients exhibit hepatic metastases that are unresponsive to embolization. This report describes the use of radiofrequency ablation (RFA) as salvage treatment for these refractory metastases. METHODS: Thirteen patients with unresectable bilobar hepatic metastases from biochemically confirmed carcinoid tumors were treated with selective hepatic artery embolization using Lipiodol/Gelfoam between 1994 and 2000. Three patients developed symptoms resistant to embolization treatment resulting from progression of existing metastases or development of new metastases. These patients underwent surgical exploration and intraoperative ultrasound of their refractory lesions, followed by **treatment** with RFA. **Tumor** size, symptoms of **carcinoid syndrome** , and octreotide requirements were monitored postoperatively. RESULTS: Median follow-up for the three patients treated with RFA was 6 months. During the first 3-month interval following RFA, all three patients demonstrated decrease in the size of treated lesions. Using our previously developed symptom scoring system, all three patients demonstrated decreased symptoms following treatment. One patient was able to discontinue octreotide treatment, and the other two patients required decrease octreotide dosages. CONCLUSIONS: This study demonstrates that utilization of RFA treatment for

carcinoid metastases refractory to hepatic artery embolization may represent a useful adjunct for symptomatic control, decreased octreotide dependence, and slowing of disease progression. Copyright 2001 Academic Press.

Hepatic artery chemoembolization for management of patients with advanced metastatic carcinoid tumors.

Drougas J G; Anthony L B; Blair T K; Lopez R R; Wright J K; Chapman W C; Webb L; Mazer M; Meranze S; Pinson C W

Division of Hepatobiliary Surgery and Liver Transplantation, Vanderbilt University Medical Center, Nashville, Tennessee 37232-4753, USA.

American journal of surgery (UNITED STATES) May 1998, 175 (5) p408-12, ISSN 0002-9610--Print Journal Code: 0370473

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: Patients with advanced metastatic carcinoid tumors who have disease progression despite conventional therapy are left with few therapeutic options. Hepatic artery chemoembolization (HACE) may play a role in palliating these patients' symptoms. METHODS: Fifteen patients with biopsy-proven advanced bilobar hepatic carcinoid metastases who demonstrated progression of symptoms and/or **tumor** size despite **treatment** with somatostatin analogues were treated with intra-arterial chemotherapy and HACE to determine efficacy and safety. Five days of intra-arterial 5-fluorouracil (1 g/m2) were followed by HACE with adriamycin (60 mg), cisplatin (100 mg), mitomycin C (30 mg), and polyvinyl alcohol (Ivalon); 200 micron to 710 micron). Patients were continued on octreotide at the same dose (150 to 2000 microg subcutaneous q 8 hours) before, during, and after the procedure. RESULTS: Efficacy of treatment was assessed by comparing pretreatment and 3-month clinical, laboratory, radiographic, and quality of life parameters. Symptoms were improved in 8 of 12 patients who had diarrhea, 7 of 12 who had flushing, 9 of 12 who had abdominal pain, and in 4 of 7 who had malaise. Elevated tumor markers decreased in all patients. Biochemical markers (mean +/- SE) at 3 months decreased by 60% +/- 6% for 5-HIAA, 75% +/- 10% for chromogranin A and 50% +/- 7% for neuron-specific enolase. Tomographic assessment revealed tumor liquefaction in 10 of 13 patients. The Karnofsky performance status improved from a mean of 66 +/- 2 to 84 +/- 2 ($P < 0.001$). Median follow-up was 16 months, with 13 deaths occurring from 1 week to 71 months after treatment. CONCLUSIONS: Hepatic artery chemoembolization improves symptoms of **carcinoid syndrome**, has a high tumor response rate, and improves short-term quality of life in this group of patients with advanced hepatic carcinoid disease.

Display 15/3,AB/21 (Item 21 from file: 155)

07919924 PMID: 2906761

Approach to hepatic involvement by endocrine tumors of the gastrointestinal tract.

Stockmann F; Creutzfeldt W

Department of Medicine, Georg-August-University, Gottingen, Federal Republic of Germany.

Seminars in liver disease (UNITED STATES) Aug 1988, 8 (3) p254-62, ISSN 0272-8087--Print Journal Code: 8110297

Publishing Model Print

Document type: Journal Article; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Endocrine cells of the GI tract derive from stem cells of the neurocrest. They belong to the diffuse endocrine system as defined by Feyrter and share common features, such as the capacity for APUD cells. From these regulatory peptide-producing cells, endocrine tumors may develop with specific clinical symptoms. In some other endocrine GI tumors, no hormone secretion has yet been found, and for some regulatory peptides, no specific clinical entity has yet been identified. Diagnosis can be confirmed by hormone measurements and by specific immunohistochemistry or electron microscopy of the tumor tissue. Metastases synthesize and secrete peptide hormones like those of the primary tumors. The principal target organ for metastases is the liver. Several approaches to **treatment** of hepatic **tumor** deposits may **reduce** **tumor** mass with consequent reduction of effective plasma hormone levels. There are also systemic treatments for neuroendocrine tumors from the GEP system.

Display 15/3,AB/23 (Item 23 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

06510204 PMID: 6208426

Embolization of the liver in the management of metastatic carcinoid tumors.

Martensson H; Nobin A; Bengmark S; Lunderquist A; Owman T; Sanden G

Journal of surgical oncology (UNITED STATES) Nov 1984, 27 (3) p152-8 , ISSN 0022-4790--Print Journal Code: 0222643

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Eight patients with metastatic carcinoid tumors and the **carcinoid syndrome** were treated with gelatin foam embolization of the hepatic arterial tree. The aims were to **reduce** the **tumor** mass in the liver and to eliminate the **carcinoid** **syndrome** . The effects of the treatment were judged from arteriograms, CT scans, and the levels of serotonin in blood and 5-HIAA in urine, as well as from the clinical symptoms. The mean follow-up time was 12.5 months. In all patients the liver tumor mass was reduced after embolization, and this reduction persisted for at least 6 months in seven patients. After treatment, reduced serotonin levels in blood were measured in four patients and reduced 5-HIAA levels in urine in seven patients. In five patients the **carcinoid** **syndrome** disappeared after embolization, but after 6 months two of these five patients had regained symptoms. Adverse reactions were minor consisting of a slight fever, reversibly increased serum levels of liver enzymes, and abdominal pain. In our experience, the hepatic embolization is a simple and safe method of giving relief from the **carcinoid** **syndrome** .

Display 8/3,AB/1 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

09292769 PMID: 1631490

The role of resective surgery **in the** treatment **of the** carcinoid syndrome .

Gronbech J E; Soreide O; Bergan A

Dept. of Surgery, Haukeland University Hospital, Norway.

Scandinavian journal of gastroenterology (NORWAY) Jun 1992, 27 (6) p433-7, ISSN 0036-5521--Print Journal Code: 0060105

Publishing Model Print

Document type: Journal Article; Review

Display 8/3,AB/2 (Item 2 from file: 155)

01936073 PMID: 14261654

MALIGNANT CARCINOID SYNDROME TREATED BY RESECTION OF HEPATIC METASTASES.

CHANDLER J J; FOSTER J H

American journal of surgery (UNITED STATES) Feb 1965, 109 p221-2,
ISSN 0002-9610--Print Journal Code: 0370473
Publishing Model Print
Document type: Journal Article